

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14870

State File No. \_\_\_\_\_

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 828 W. Macon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 days  
years, months or days)

3. (a) PRINT  
FULL NAME

Jack Harry Campbell

3. (b) If veteran,  
name war No

3. (c) Social Security  
No. None

4. Sex Male 5. Color or  
race White

6. (a) Single, widowed, married.  
divorced Married

6. (b) Name of husband or wife.  
Carrie Campbell

6. (c) Age of husband or wife if  
alive 56 years

7. Birth date of deceased. May 13 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 11 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Des Moines Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Harry Campbell

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name May Devport

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loren Poulson

(b) Address 828 W. Macon, Carthage, Mo.

17. (a) Burial (b) Date thereof Apr. 26, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fullerton Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) April 26 '44 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Cassville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1944 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from  
Apr 21 1944 to Apr 24 1944  
that I last saw him on Apr 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia  
Due to Cerebral hemorrhage  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death) Ba1

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place)  
(Means of injury)

23. Signature Elizabeth Couplin (M.D. or other)  
Address Carthage Mo Date signed Apr 24 '44

1203 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-4-351

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 391

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.